

Application for Certificate of Occupancy/ Certificate of Completion

Date:	rtificat	e of Occupa	ancy □ C of	O Re-iss	iue 🗆	Cert	ificate of Completion	
 Please Note Do not complete this form if you are doing any construction work (such as walls or partitions, making additions and/or renovations to the electrical, plumbing, or heating/cooling systems, signage, etc.) For this type of work, you must submit plans to Planning and Development for review and obtain a building permit. After work is complete and approved by the City's inspector, you must then request a Certificate of Occupancy inspection. A Stop Work Order will be issued if you do not obtain the required permits. You will be assessed twice the normal building permit fees. The minimum fire extinguisher rating requirement is 2a 10bc. One extinguisher is required for every 								
 3,000 square feet, or 75 feet travel distance. Beginning 7-1-10 there is a fee of \$100 for this application. 								
Applicant Name B	licant Name Business Owner Name (if different)				Applicant/Contact Phone No.			
Business Name					Business Phone No.			
Business Address (including building or suite numbers)				City/State/Zip				
Nature of Business				Building	Building/Shopping Center Owner			
☐ Yes Statement (HMIS				t submit an electronic Hazardous Material Inventory b) prior to Certificate of Occupancy. Contact City of epartment at 480-782-2121 for requirements.				
Lease Space Sq. Ft.	No. o	of Employees		No. of E	xits		No. of Restrooms	
Public Access to Restrooms: Yes - requires that two (2) restrooms be equipped for handicapped use. No Applicant Signature								
City Use Only								
Zoning Occupancy Classification					Applicable Code Edition			
Fixed Property Use Remarks								
Zoning Approved By							Date	
Address Verified By						Date		
☐ Certificate of Occupancy☐ Certificate of Completion	. , ,						Date	